

# Beneficiary Recontact Report

Social Security Administration, P.O. Box 5887, Wilkes-Barre, PA 18767-5887

FORM APPROVED  
OMB NO. 0960-0536

Payee's Name and Address

FORM DATE

SOCIAL SECURITY NUMBER

PIC

BIC

BENEFICIARY

RQC

DOB

PC

TYPE

## WHAT YOU NEED TO DO:

We need you to fill out this form because we have found that some children **do** marry before age 18. We must stop payments to a child who marries. While we **know** that most children do not marry before age 18, we need you to tell us if your child is married or not. If your child has not married, we will continue to send payments.

1. A.	<p>If YES, go to question 1. B. BELOW. If NO, STOP HERE. Sign and date the form where indicated below.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. B.	<p>Enter the month and year the child married. (Show the month and year in numbers.) EXAMPLE: MAY 1994 ▶ 05 94</p>	MONTH <input type="text"/>	YEAR <input type="text"/>

## INSTRUCTIONS

- Use black ink or a No. 2 pencil to complete this report.
- Keep your numbers and "X's" inside the boxes.
- Try to make your numbers look like these:



- Complete the report and send it to us in the provided envelope within 30 days.

Please return the entire form to SSA for processing.

SIGN HERE



Daytime Telephone Number (Include Area Code)

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Area Code

Date Signed